UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

WALTER SLOAN

CASE NUMBER:

07 C 7038

ASSIGNED JUDGE:

John W. Darrah

Village of Hickory

DESIGNATED

MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

Alan Vodicka Police Chief Hickory Hills Police Dept 8800 West 87th street Hickory Hills, Illinois 60457

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

M. Anne Hannigan Attorney at Law 777 N. Michigan Avenue Suite 3009 Chicago, Illinois 60611

an answer to the complaint which is herewith served upon you, within	days after service of this
summons upon you, exclusive of the day of service. If you fail to do so, judgment by	default will be taken against you for the
relief demanded in the complaint. You must also file your answer with the Clerk of this	Court within a reasonable period of time
after service.	

APR 0 9 2008

DATE

Case 1:07-cv-07038 Document 21 Filed 05/23/2008 Page 2 of 3 AO 440 (Rev. 05/00) Summons in a Civil Action RETURN OF SERVICE DATE UR Service of the Summons and complaint was made by me(t) Check one box below to indicate appropriate method of service G Served personally upon the defendant. Place where served: G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: G Returned unexecuted: G Other (specify): Certified MAIL RETURN RECEIPT STATEMENT OF SERVICE FEES SERVICES TRAVEL DECLARATION OF SERVER I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Case 1:07-cv-07038 Page 3 of 3 Document 21 Filed 05/23/2008 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Agent Print your name and address on the reverse Addresser so that we can return the care to you.

Attach this card to the back of the malipiece.

Attach this card to space permits. C. Date of Delivery is delivery address different from Item 1? 1. Article Addressed to: If YES, enter delivery address below: 3. Service Type 22 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise Insured Mall □ C.O.D. 4. Restricted Delivery? (Extra Fee) 🗀 Yes 2. Article Number (Transfer from service labe 7007 3020 0001 LSA2 0328 PS Form 3811, February 2004 Domestic Return Receipt

102585-02-M-1540